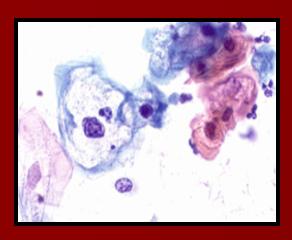
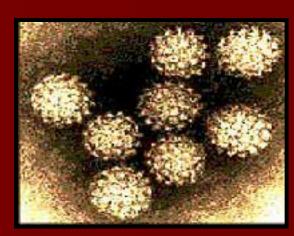
# Understanding Human Papilloma Virus







Presented by:
Jean Winfield, RN MSN FNP-BC
Southtown Women's Health Care, Kansas City, MO
Greater Kansas City Black Nurses Association, President

# Objective

■To define HPV, identify some causes, transmission and treatment.

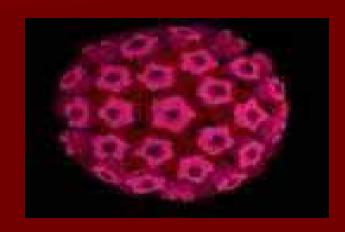
Discuss the relationship between HPV and Cervical Cancer

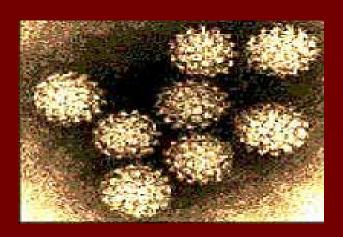
■Discuss current biotechnology for detecting HPV and guideline for management.

Relate the significance of HPV testing in women

# What is Human Papilloma Virus?

- A group of closed-circular double-stranded DNA viruses
- A virus that infects the skin
- > 100 distinct sitespecific types
- Approximately 40 types are sexually transmitted





### Prevalence of HPV



- One of the most common STD in the U.S.
- It is estimated that 75% or more sexually active Americans will contract HPV in their lifetime
- At any one time about 20 million people are infected, have no visible symptoms
- Young people aged 15-24 account for nearly 75% of all new infections every year
- Persistent HPV occurs most often in women under 30

### How is HPV transmitted?



- Sexually
- Through contact with infected genital skin, mucous membranes, or bodily fluids with or without visible s/s
- Genital HPV has not been known spread to other parts of the body, but....
- Possible manual-genital and non-penetrative genitalgenital contact

# **HPV Risk Factors**

- Sexually active before age 20
- Multiple partners
- A partner who has multiple partners
- Unprotected sexual contact
- Compromised immune system

### Factors That Can Decrease Risk of HPV

- Long-term monogamy
- Limiting number of sexual partners
- Condom use
- A circumcised partner
- Being with males who have periods of abstinence
- Non-smoker

# **How to Prevent HPV?**

<u>Abstain</u>

from all sexual contact including:

Fondling

rubbing genital/genital

Is There a Cure for HPV?

# NO NO NO

HPV viruses have no cure

# **HPV** is Treatable

 Most HPV viruses are suppressed by a healthy immune system

 Genital warts (condolomata acuminata) on the vaginal introitus, vulva, perineum and anal and the cervix can be treated

 Though usually harmless, High risk cervical HPV (treatable) is linked to cervical cancer

# **HPV** in Males

Detected clinicallyvisual inspection



 No reliable High Risk HPV test available (poor cell sample -inconsistent results )

Not linked to great health risk

■ No treatment (if partner is HPV +)

### How Will I Know I Have HPV?

# Genital HPV may produce

- warts
- lesions
- cervical abnormalities

soon after exposure or over after a latent period of months and even years



# How will HPV effect my Pregnancy?

- Most women with HPV or genital warts are unlikely to have any HPV-related complication during pregnancy or childbirth
- Rarely infants exposed to HPV may develop warty growths in the throat (laryngeal papillomatosis)
- C-section is not useful in preventing transmission
- Treatment is usually delayed until postpartum





# What is the relationship of HPV and Cervical Cancer?

# Natural History of Cervical Cancer

Persistence (more than 1 year)

M. Schiffman, American Society of Colposcopy and Cervical Pathology 2002

Cervical

Cancer

# Current Technology for Detecting HPV



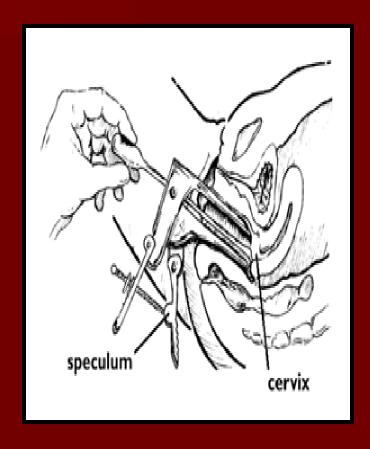
# The HPV Test

How is the HPV test done?

When is the HPV test useful?

# How is HPV Diagnosed?

- Clinical (genital warts)
- Cytology
  - Pap smear (conventional)Liquid based (Thin Prep ®)
- Virological (used with pap)
  - DNA Probe (Reflex HPV) Hybrid capture II (DNA with HPV test)
     Digene HPV Test ® not a pap



# Classification System for Pap Results

Classification System	Degree of Severity	Explanation
Bethesda	ASC-US (Atypical Squamous Cell of Undetermined Significance)	Looks borderline between normal and abnormal- often not HPV related
	ASC-H (Atypical Squamous Cells cannot exclude HSIL)	Borderline results, but may really include high grade lesions
	LSIL (Low Grade SIL)	SIL (Squamous Intraepthelial Lesion)
	HSIL (High Grade SIL)	

# **ASCUS HPV DNA test Category**

Low Risk
does not cause
cervical cancer,
associated with
genital warts
HPV6, HPV11

<u>High Risk</u> 13 HPV type associated as a necessary cause to cell changes leading to cancer over time HPV16, HPV18

# Guidelines for HPV Management

# ALTS (ASCUS/LSIL) Triage Study

Clinical Trial of 5,000 women in the U.S. funded by NCI from 1996-2000

■ To find the best way to manage mildly abnormal (ASCUS and ASC-H) results

# ALTS (ASCUS/LSIL) Triage Study

- Among women with ASCUS, HPV testing was highly sensitive in detecting the underlying abnormalities that are at risk for progressing cervical cancer
- HPV testing identified 96% of CIN2 or CIN3 lesions among women with an ASCUS pap test.
- Women with LSIL -- limits the usefulness of HPV testing

# ALTS (ASCUS/LSIL) Triage Study

# HPV DNA testing is a viable option for management of ASCUS

# Recommended by ACOG and ACS:

- Primary screening tool
- Triage of mild pap abnormalities
- Test of cure following treatment of premalignant lesions

### When to use the HPV DNA test?

U.S. FDA approved HPV DNA testing with cytology for primary cervical cancer screening for:

- As F/U test if the pap result is borderline between normal and abnormal Atypical squamous cells or ASC-US
- As a cervical Cancer screening test in combination with a pap test for women at or over age 30.

### When is a HPV test not used?

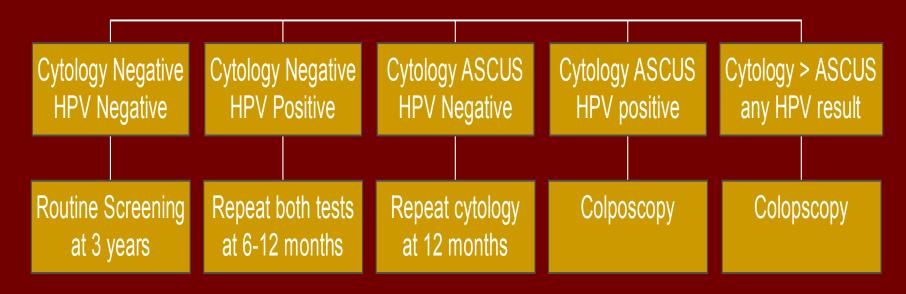
■ If the pap result shows dysplasia or precancerous changes (these cell changes are almost always associated with HPV)

 Women under 30 unless they have an ASC-US pap test result

The HPV test is not approved for use with males (only female cervix)

# Algorithm for Management of Pap and HPV DNA Testing

# Results obtained on cytology and HPV DNA testing



# New Recommendation in HPV Management

- Women 30 with normal pap and HPV negative no pap, up to 3 years
- Women will continue to need annual for other health monitoring

(breast exam, STD screening, blood work, family planning contraception management)



### Future Treatment of HPV

**HPV Vaccine Clinical Trials Study** 

- Prophylactic- to prevent cervical HPV
- Therapeutic- to treat cervical HPV

# Cervical Cancer

 Study as shown that HPV is present in 99.7% of cervical cancer

■ It is estimated 10,370 women in the U. S. will be diagnosed invasive cervical cancer

■ 3,710 women will die from invasive cervical cancer

# Cervical Cancer Prevalence/Mortality Rates in U. S.

African American Women

Hispanic Women

5th most frequent diagnosis

4th most frequent diagnosis

5th cause of death

Does not rank higher than 5th as cause of death

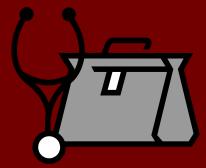
Based on the data from the National Center for Health Statistics

# Reasons for No Change from Diagnosis to Death Regarding Cervical Cancer in AA Women?

- Poor health care accessibility
- Lack of understanding of preventive care
- Lack of early detection and F/U care

# What can be done to effective the prevalence of HPV and Cervical Cancer Mortality rate in AA women?





 Routine pap screenings with HPV testing as indicated by guidelines and clinical judgment

- Most common STI
- Prevalent in teens and young adults
- Condoms are little to no use in prevention
- No current diagnosing tool for male (only visual inspection)

- Cervical HPV has no clinical signs
- Proven as a necessary precursor to cervical Cancer
- Cervical cancer lesion develop over extended periods of time

- Women, 30 and older are more likely to have persistent HPV
- Persistent HPV causes Cervical Cancer
- AA women die from Cervical/Uteri Cancer than any other race

# HPV- Early detection and Treatment

- HPV DNA testing is a vital tool in identifying women with persistent HPV infection
- Early detection> Early treatment > prevention
- Treatment of pre-cancerous lesions decrease risk of return for several years

# Why High Risk HPV early detection and management?

# Improve Healthy Living









# References

National Cancer Institute. U. S. National Institutes of Health. The ASCUS/LSIL Triage Study for Cervical Cancer(ALTS), page 1,2. <a href="www3cancer.gov/prevention/alts/lesions">www3cancer.gov/prevention/alts/lesions</a>. Accessed October 2005

National Cancer Institute. U. S. National Institutes of Health. HPV Testing Shows Which Pap Abnormalities Need Attention. Pages 1, 2. <a href="https://www.cancer.gov.">www.cancer.gov.</a> Accessed October 2005

Sherman, ME, Lorincz, AT, Scott, DR, et al. Baseline Cytology, Human Papillomavirus Testing, and Risk for Cervical Neoplasia: A 10-Year Cohort Analysis. J Natl Cancer Inst 2003;95:46-52

# References

ACOG Practice Bulletin. Obstet Gynecol. 2005;105:905-918

Wright TC Jr, Schiffman M, Solomon D, et al.. Interim guidance for the use of Human papillomavirus DNA testing as an adjunct to cervical cytology for screening. Obstet Gynecol. 2004; 103:304-309

Lorinzc AT, Richart RM. Human papillomavirus DNA testing as an to cytology in cervical screening programs. Arch Pathol Lab Med. 2003;127:959-960

American Social Health Association. HPV. http://www.ashastd.org/learn/learnhpvwomen.cfm Accessed October 2005

# References

Weinstock, H. et al. Sexually Transmitted Diseases Among American Youth: the incidence and Prevalence Estimates, 2000. Perspectives on Sexual and Reproductive Health Vol. 36 (1) Jan/Feb 2004

National Cancer Institute. Bethesda 2001: Revised System for Pap Results